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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 09/716,814 11/20/2000 ABN which is a CIP of 09/443,877 11/19/1999 PAT 6,156,016
 which is a CIP of 09/078,834 05/14/1998 PAT 5,989,213
 which claims benefit of 60/070,583 01/06/1998 *DM*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 46	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE
 Medical procedure using catheter system having removability feature

FILING FEE RECEIVED 696	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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